UNAIDS 2026

Result Area 10: Humanitarian settings and pandemics

2025 Performance Monitoring Report

Result Area 10: Humanitarian settings and pandemics

Joint Programme specific outputs in 2024-2025

10.1 Disseminate and promote guidance for responding to the health and protection needs of key populations in humanitarian settings.

10.2 Advocate for and provide technical assistance to contribute to the continuation and restoration of essential health services, including disrupted HIV services, and support more resilient systems for health and pandemic preparedness in ways that also support platforms for the HIV response and more fully leverage lessons from the HIV response.

The Joint Programme contributed to the preparedness and continuity of HIV and SRH services in humanitarian settings and pandemics. This was done through operational guidance development, integration of HIV into humanitarian response systems, expansion and reinforcement of community-led service delivery, building frontline capacity, and targeted emergency financing. This ensured greater focus on refugees, internally displaced people and other vulnerable groups into national HIV strategies and gaining equitable access to essential services.

Under UNHCR's leadership, progress was reported against Global Compact on Refugees health pledges, alongside strengthened follow-up on commitments to systematically include refugees and forcibly displaced populations in national health and HIV systems, policies and financing frameworks. This contributed to improved continuity of care, preparedness and equitable access to services in humanitarian and crisis affected settings.

The Joint Programme reinforced its coordination and normative leadership role on HIV in humanitarian settings by providing key support to the Inter Agency Task Team on HIV in Emergencies (IATT) by strengthening coordination, joint action and global guidance on HIV in humanitarian settings amid escalating conflicts and funding constraints. UNHCR continued to host the IATT website, supporting knowledge-sharing and partner engagement. Together with IATT partners, UNHCR and WFP as co-convenors on HIV in humanitarian emergencies with the support of the Secretariat contributed to the revision of the 2010 Inter-Agency Standing Committee Guidelines for Addressing HIV in Humanitarian settings. In addition, the Secretariat convened consultations with over 300 participants to inform and shape the inclusion of HIV in emergencies in the Global AIDS Strategy 2026-2031.

Evidence generation and advocacy on HIV in humanitarian and climate-affected settings gained strength through the eastern and southern Africa Joint Programme Regional Joint Teams El Niño Comparative Study, which provided evidence to inform regional humanitarian planning, contributed to the SADC El Niño appeal, and informed the SADC Indaba. At the latter,12 Member States and partners advanced the integration of SRH, HIV and GBV into climate adaptation and disaster response frameworks.

UNFPA ensured the continuity of HIV prevention, testing, and treatment through the implementation of the Minimum Initial Service Package (MISP) for reproductive health in crises across the eastern, western and central African regions. This emergency response ensured the availability of condoms, the provision of post-exposure prophylaxis for survivors of sexual violence, and coordination with national programmes to guarantee that displaced populations with known positive HIV status

retained uninterrupted access to ART. UNFPA also provided support for the integration of the MISP into National Disaster Preparedness Response Plans, with some countries including Namibia securing dedicated domestic financing. UNFPA supported human capacity development for MISP across eligible countries, reaching over 2 million people with SRH, HIV and GBV information and services linked to HIV treatment in eastern and southern Africa.

The Joint Programme and national partners focused on building capacity to improve HIV prevention, reduce GBV, and identify and address protection risks in emergency settings. UNFPA supported the functionality of inter-agency humanitarian coordination platforms with a focus on SRH, HIV and GBV and prioritized institutionalization of local leadership, supported evidence generation initiatives, and extensively engaged in planning, preparedness and programme delivery in humanitarian settings across countries. This included support to several countries to integrate SRH, HIV and GBV into key climate policies, for example through development of a new handbook on the integration of SRH and GBV into climate-focused policies. In Haiti, the Secretariat and UNFPA jointly trained 70 providers from mobile clinics on integrated HIV, TB, SRH and GBV services, facilitated referrals, distributed 1500 dignity kits to crisis-affected women, including survivors of GBV, people living with HIV and members of ey populations. Through a collaboration between the Haitian National Police and the Secretariat, 54 police officers gained greater ability on GBV, prevention of HIV and sexual exploitation and abuse and addressing protection risks in an increasingly volatile environment.

A coordinated multi-agency initiative led by the Joint Programme supported pandemic preparedness and emergency response in seven countries by strengthening resilience measures, community engagement and continuity plans for HIV and nutrition services. In Chad, more than 280 humanitarian, health and community workers gained knowledge on protocols for HIV, TB, STIs and hepatitis, and on integrated and differentiated service delivery. WFP’s integrated approach in Chad also helped improve food security, protection and health outcomes for host and refugee communities by ensuring reliable food support that helped families maintain treatment adherence and continuity of care. Targeted supplementary food assistance was provided to TB patients and people living with HIV in partnership with the Secretariat.

In collaboration with the Global Fund, WFP continued to provide large-scale logistics and supply chain support across multiple country operations, ensuring uninterrupted movement and storage of health commodities. WFP transported or stored nearly 46 000 metric tons of health commodities across seven countries in sub-Saharan Africa. This reflects WFP’s continued role as a key logistics partner, ensuring reliable movement and warehousing of lifesaving HIV, TB and malaria supplies in challenging operational contexts. Reliable food support enabled targeted families to maintain adherence to HIV and TB treatment. However, major gaps, persistent vulnerability and need for assistance remain.

In fragile and humanitarian settings, UNDP played a critical role in sustaining essential HIV services. In Sudan, where conflict rendered an estimated 80% of healthcare facilities non-operational, UNDP and the Global Fund deployed nine mobile health centres delivering HIV, TB, malaria, maternal and child health services and psychosocial support across four states. Despite severe system disruption, 96% of people on HIV treatment were able to maintain care. Since the war restarted in April 2023, Sudan has made important recovery gains including restoring ART enrolment beyond pre-conflict levels, recovery of HIV testing volumes and geographic expansion of services through adaptive delivery models. In addition, Sudan, with the support of the Joint Programme implemented nutritional support through the

distribution of food baskets which significantly improved nutritional status and treatment adherence and ensured that all identified children living with HIV were retained on ART. In Ukraine, UNFPA successfully delivered 2025 population estimates under martial law, which directly informed the 2026 Humanitarian Needs and Response Plan.

Humanitarian delivery models and preparedness for paediatric HIV scale-up are now stronger through targeted support. In Mali, technical support from the Joint Programme, national coordination and data-driven planning prepared partners to scale up community-based paediatric HIV testing and family-centred services toward ending paediatric AIDS by 2030. In the Central African Republic, UNHCR co-financed the integration of HIV and prevention of vertical transmission of HIV services, including training of healthcare workers, community agents and community members to boost demand creation and demonstrate a replicable model for humanitarian contexts.

Through UNHCR's partnership with UNFPA and Bandhu Social Welfare Society, the HIV response in Cox's Bazar, Bangladesh is more effective, equitable and sustainable thanks to the delivery of fully funded, community-led services for key populations. This included providing HIV testing for 3430 individuals, STI testing for 3265 people, and syphilis testing for 3609 people. People-centred care was expanded through 4617 NCDs consultations and skills development support for 50 key population members, which included basic literacy and numeracy training, while service delivery was scaled up across refugee camps and host communities. Emergency preparedness and response systems were reinforced to ensure continuity of HIV care during crises, demonstrating improved resilience, stronger integration with national systems, and enhanced sustainability of the HIV response in displacement contexts

Capacity building and south-to-south learning through Secretariat support accelerated HIV emergency action across regions. A Joint Programme virtual workshop in eastern and southern Africa convened over 500 stakeholders from more than 20 countries, resulting in the development of country-owned action plans advancing scalable community-led innovations and alignment with national preparedness frameworks. In western and central Africa, a webinar co-organized with l'Initiative convened 180 participants to showcase practical community-led approaches and collaboration, identified needs, challenges, and good practices for more integrated humanitarian HIV responses. In South Sudan, tailored capacity-building support from the Secretariat equipped 127 youth leaders with governance, advocacy, and programming skills to engage more meaningfully in HIV and GBV response platforms.

In Burundi, the Secretariat supported the response to an influx of Congolese refugees by advocating for HIV-related needs within multisectoral humanitarian coordination and response mechanisms. Joint field missions to the Cibitoke and Rutana refugee sites helped identify HIV priority gaps which informed targeted programming and complementary investments by the Joint Programme and partners including in the refugee response plan. The regional emergency SRHR Fund through 2gether4SRHR, which is comprised of the Secretariat, UNFPA, WHO and UNICEF, was activated, resulting in financial support and technical assistance to improve access to SRH, HIV and GBV services. In the Democratic Republic of the Congo, advocacy with the United Nations Office for the Coordination of Humanitarian Affairs and clusters ensured HIV was prominently integrated across the 2026 Humanitarian Needs and Response Plan, keeping continuity of services visible across health, protection, shelter, nutrition, education and logistics sectors. In Chad, the Joint Programme provided support to partners to roll out HIV, TB, STI and hepatitis emergency protocols and add HIV indicators to monthly cluster monitoring.

Community-led responses remained central to the Secretariat's efforts in humanitarian and emergency contexts. In Burkina Faso, community-based organizations expanded family index testing among displaced and vulnerable families and strengthened medical follow-up for malnourished HIV-positive children. In Ukraine, the Secretariat helped community organizations connect with external donors, securing resources for shelter services in Kryvyi Rih and humanitarian assistance for LGBTQI+ communities in Lviv. In Burundi, 157 community people including refugees, were mobilized and trained on HIV prevention and treatment, which enabled outreach to over 7700 people, HIV self-testing for 830 individuals and re-engagement of refugees lost to follow-up. Through the 2gether4SRHR emergency fund, the Secretariat also facilitated a GBV and accessibility audit in the Musenyi camp, which improved protection measures and supported treatment continuity for 265 refugees living with HIV.

UNDP supported 28 countries to implement pandemic prevention, preparedness and response interventions, including through the Global Fund's C19RM mechanism. This included oxygen systems, diagnostics, genomic sequencing, medical waste management and community systems strengthening. UNDP helped close critical oxygen gaps by working with partners to install over 116 PSA oxygen plants across Africa and Asia, enabling reliable medical oxygen in 67 hospitals and strengthening emergency and HIV related care. In parallel, UNDP managed Global Fund financing to strengthen HIV, TB and malaria capacities and health system resilience in 17 countries.

50 countries supported by the Joint Programme have reported the inclusion of priority HIV services in national pandemic preparedness and response plans or frameworks.

The World Bank helped countries maintain essential services and boost the resilience of systems vital to the HIV response. It helped countries improve pandemic preparedness and responses by providing financing and the enhanced Crisis Preparedness through the IDA 20th replenishment and the development of a Response Toolkit, and through collaboration with the Pandemic Fund, an important mechanism that offers financing and brings together key global partners including UNICEF, WHO and the World Bank to help countries improve resilience to shocks.

The World Bank's operations under IDA20 included US$ 30 billion for fragile and conflict-affected countries focusing on refugee HIV-related health needs. This resulted to integrated GBV and SRH services being delivered to over 2.4 million refugees and host community members in Bangladesh, and while essential services for over 15 million people were maintained in Ukraine.

2025 Expenditures and Encumbrances under Result Area 10 for all Cosponsors against allocated funds (in US$)

Core		Non-core		Total	
Core Allocated Funds	Expenditures and encumbrances	Non-core estimates	Expenditures and encumbrances	Total allocated funds	Total Expenditures and encumbrances
1 039 223	823 481	30 943 100	12 711 700	31 982 323	13 535 181

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